

Customer Service

Office Locations - 7447 E. Indian School Road, 110
 Scottsdale, AZ 85251
 or
 9379 E. San Salvador Dr., #100
 Scottsdale, AZ 85258
 Telephone - (480) 312-2400

**PC-2001**

ALARM COMPANY LICENSE APPLICATION

THIS APPLICATION MUST BE FILED AND LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. APPLICATION AND ANNUAL FEES ARE NON REFUNDABLE. INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

SECTION I. OFFICE USE ONLY

Alarm Company License Number	Sic. Code	Alarm System Ord (date & initial)	APPLICATION FEE: _____
Transaction Privilege License Number		General Provisions (date & initial)	ANNUAL FEE: _____
			Make Check Payable To: City of Scottsdale

SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION AND START DATE

BUSINESS NAME (Individual, Company or "DBA", first name first)		Area Code	Telephone No.
STREET NO. (N,E,S,W)	STREET NAME	Type (ST.DR.AV.)	STE./APT. NUMBER
			BLDG. NUMBER
City	State	ZIP	Start Date In Scottsdale: _____

SECTION III. BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

STREET NO. (N,E,S,W)	STREET NAME	Type (ST.DR.AV.)	STE./APT. NUMBER	BLDG. NUMBER
City	State	ZIP	Area Code	Emergency No.

IN CARE OF FOR MAILING

SECTION IV. BUSINESS OWNERSHIP

1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ ; STATE OF INCORPORATION _____
2. NAME OF OWNER(S), PARTNER(S) OR OFFICER(S) TITLE BIRTHDATE HOME ADDRESS HOME PHONE

3. CORPORATE STATUTORY AGENT:

NAME	STREET NO. (N,E,S,W)	STREET NAME
(Area Code)	Business Telephone Number	CITY
		STATE
		ZIP

SECTION V. LOCAL MANAGERS OR MANAGING OFFICE (Please use additional paper if necessary)**RESIDENTIAL ADDRESS**

NAME	STREET NO. (N,E,S,W)	STREET NAME
(Area Code)	Business Telephone Number	CITY
		STATE
		ZIP
NAME	STREET NO. (N,E,S,W)	STREET NAME
(Area Code)	Business Telephone Number	CITY
		STATE
		ZIP
NAME	STREET NO. (N,E,S,W)	STREET NAME
(Area Code)	Business Telephone Number	CITY
		STATE
		ZIP

SECTION VI. APPLICANT'S PREVIOUS EXPERIENCE IN SIMILAR ACTIVITY

NAME	LOCATION	DESCRIPTION

SECTION VII. STATEMENT OF CONVICTIONS OF APPLICANT AND AGENT

HAVE YOU EVER BEEN CONVICTED IN ANY JURISDICTION, EXCEPT FOR MINOR TRAFFIC OFFENSES, IN THE PAST 5 YRS. IMMEDIATELY PRECEDING THIS APPLICATION? ☐ YES ☐ NO IF YES, YOU MUST PROVIDE SPECIFIC INFORMATION.

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE	COURT(S) ENTERED INTO

SECTION VIII. ALARM AGENTS (Please use additional paper if necessary)**RESIDENTIAL ADDRESS****A REGISTERED SECURITY GUARD**

NAME	STREET NO.	(N,E,S,W)	STREET NAME	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	CITY		STATE	ZIP	
NAME	STREET NO.	(N,E,S,W)	STREET NAME	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	CITY		STATE	ZIP	
NAME	STREET NO.	(N,E,S,W)	STREET NAME	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	CITY		STATE	ZIP	

ADDITIONAL INFORMATION REQUIRED

- * Alarm installation activity: A copy of the current, active C-12 contractor's license and/or an L67 low voltage communications license, issued by the state registrar of contractors.
- * Alarm monitoring activity: Proof of Underwriter's Laboratories (UL) or Factory Mutual (FM) listing.
- * Certificate of liability insurance, evidencing errors and omissions insurance and combined general comprehensive insurance in the minimum amount of \$1 million, and must specifically cover alarm systems. This insurance coverage shall remain in full force and effect throughout the term of the license.
- * Fingerprinting of all owners, general partners (if the applicant is a partnership), and officers (if applicant is a corporation) is required to complete the application process.

I hereby certify that all answers to questions on this application are true and complete and I agree and understand that any falsifications may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale.

Date: _____ Applicant's Signature _____

POLICE DEPARTMENT USE ONLY

Recommendation: Approved: ☐ Denied: ☐ Date: _____

If denied - Reason: _____

Officer

I.D. No.